

### COMPLIANCE-FACULTY AND STAFF

**Policy on Sanctions for Plan Violations.** The Medical Center requires mandatory annual training on the Compliance Plan for all employees. New employees receive this training as part of orientation in their first week of employment. In accordance with Human Resources policy, employees who don't take the required training may be terminated.

It is UMMC policy to provide for disciplinary actions to be taken against UMMC employees who violate the provisions of the Compliance Plan. The following list of employee infractions and violations apply to the UMMC Compliance Program. These are supplemental to existing employee disciplinary guidelines.

For more information on sanctions and disciplinary actions, please refer to the Policy on Sanction for Plan Violations (Compliance Plan Attachment 2).

### CODE OF CONDUCT-FACULTY AND STAFF

The Medical Center requires that all employees of the institution abide by the principles set forth in the Code of Conduct. Failure to abide by the principles set forth in the Code of Conduct and the guidelines for behavior which the Code of Conduct represents may lead to disciplinary action.

For more information, please refer to the Compliance Plan section III Code of Conduct.

### EVALUATION-STAFF

The institution regularly evaluates the effectiveness of employees through the performance evaluation process. The performance evaluation process is designed to recognize and document employees' performance relative to expectations and goals.

Performance evaluations are to be administered in a fair manner, without regard to race, sex, sexual orientation, age, religion, veteran status, marital status, national origin, or disability. Only job-related and performance-related factors are to be considered.

### PROBLEMS, QUESTIONS AND GRIEVANCES-STAFF

Problems or questions about an individual's employment should be taken up freely with the employee's supervisor. The supervisor will welcome the opportunity to help. Dissatisfaction should be expressed immediately so problems may be settled, rather than permitted to grow.

If a problem becomes so great that it cannot be worked out informally, the employee has recourse through an established grievance procedure. It provides a systematic and orderly method of adjusting complaints and differences of opinion between an employee and the Medical Center. The procedure offers a way to settle disputes, but it does not create any due process or contractual rights. The following steps are suggested:

1. **Supervisor** - A short, friendly talk with the supervisor can take care of the majority of job-related problems. All supervisors are interested in the welfare of their employees and welcome the opportunity to help. The employee may take a co-worker from the same division with him or her when talking with the supervisor.

**Department Head/Human Resources** - If for some reason the employee with a problem fails to get satisfaction from the supervisor or due to the nature of the grievance, he or she may take the matter to the department head and/or their respective Human Resources Business Partner who will try to resolve the matter. **It is not mandatory that an employee meet with his/her supervisor or department head before Human Resources is contacted.**

3. **Director of Employee Relations** - If the matter cannot be resolved utilizing step two above, it may be presented to the director of employee relations in writing on a grievance report form kept in department offices and Human Resources. The written grievance must be submitted within three working days after the occurrence of the act causing the grievance - or when the facts pertaining thereto become available to the employee.
4. **Grievance Appeal** - If all steps taken thus far have not led to a satisfactory settlement of a problem, the staff member may request an appeal to the Chief Human Resources Officer. The appeal must be

submitted in writing to the Chief Human Resources Officer, by certified mailing within 3 days of being informed by the Director of Employee Relations of her/his decision concerning a matter that constitutes a grievable issue. The appeal should present a concise statement of the facts believed by the staff member to present a grievable issue, and the relief requested. Upon receipt of timely written appeal, the Chief Human Resources Officer will review the written appeal, along with any other information deemed necessary by the Chief Human Resources Officer for review of the grievance, and render a decision. If, in the view of the Chief Human Resources Officer, questions remain concerning any issue, he/she may in his/her discretion schedule a meeting to review and consider any other information necessary to resolve the appeal.

**Issues that are grievable:**

- Adverse employment actions, such as demotions and suspension, but not including terminations;
- Acts of reprisal and/or retaliation against employees using the grievance procedure; and
- Complaints of discrimination on the basis of race, color, creed, political affiliation, religion, age, disability, national origin, sex, sexual orientation, marital status or veteran status.

**Issues that are not grievable:**

- Scheduling and staffing requirements;
- Issues which are pending or have been concluded by direct appeal through an administrative or judicial procedure;
- Temporary work assignments which do not exceed 90 calendar days;
- Budget and organizational structure, including the number or assignment of employees or positions in any organizational unit;
- The measurement and assessment of work through performance appraisal, except where the employee can show that the evaluation was discriminatory, capricious, or not job related;
- The selection of an individual by a department head or designee to fill a position through promotion, transfer, demotion, or appointment unless it is violation of UMMC or IHL Board of Trustees policy;
- Internal security practices established by the institution, department head or designee;
- Termination from employment;
- Any matter not within jurisdiction or control of the institution;
- Content of published UMMC policies or procedures;
- An action by the institution pursuant to federal or state law or directions from the Board of Trustees of State Institutions of Higher Learning; or
- Establishment and revision of wages and salaries, position classifications, and general benefits.
- The failure to hire an applicant.

#### **GRIEVANCES-FACULTY**

For information on faculty grievance policies, please contact the Department of Human Resources.

#### **RULES AND REGULATIONS-STAFF**

All employees are expected to conduct themselves in a manner which reflects a high standard of performance and conforms to basic standards of conduct.

The Medical Center reserves the right to discipline, suspend or terminate an employee for cause. Employees should be counseled regarding any problems or deficiencies in their performance. However, serious misconduct or problems in performance can result in disciplinary action, including termination, without prior counseling. Below are examples of misconduct which will subject an employee to disciplinary action. This is not intended to be a complete list but to be a guide of conduct which will result in disciplinary action, up to and including discharge:

- excessive absenteeism (numerous, happening at short intervals, often or constantly repeated), or unexcused absenteeism;

- failure to report to work or notify department, late arrival at place of work, leaving work early or leaving the job during working hours without authorization;
- walking off the job;
- failure to record work time accurately;
- misuse of major medical leave privileges and benefits;
- failure to submit leave forms according to Medical Center policy as well as departmental policies;
- violation of department work rules or procedures;
- inefficiency, negligence in the performance of duty or lack of attention to work;
- incompetence, inefficiency, or conduct detrimental to patient care or general safety;
- refusal to perform duties as required by supervisors, insubordination, neglect of or inattention to duty;
- sleeping or leaving your assigned work area during work hours without permission of your supervisor;
- poor management practices;
- loitering or loafing during working hours;
- disclosing confidential information concerning patients, employees or the institution;
- failure to disclose a conflict of interest or failure to eliminate a conflict of interest when so directed;
- failure to maintain satisfactory interpersonal relationships with co-workers and supervisors;
- inappropriate behavior toward, or discourteous treatment of patients, students, visitors, or co-workers including the use of profanity and other harassing statements;
- falsification of institutional records, such as employment applications, medical/health records, expense vouchers, time records and pay records;
- failure to disclose to the Department of Employee/Student Health any existing illnesses or conditions that may be aggravated by job activities;
- failure to attend orientation of policies, procedures and risk management rules regulations and principles;
- failure to wear name badge in clearly visible manner while on duty;
- violation of the disruptive behavior policy;
- the sale, possession, transfer or purchase of illegal drugs, controlled substances or alcohol on Medical Center property;
- unauthorized possession or drinking of any alcoholic beverages or unauthorized use or possession of narcotics, barbiturates, hallucinogens, amphetamines, marijuana, or other illegal substances on Medical Center property;
- reporting to work when suffering from alcoholic or drug-related hangover or being under the influence of intoxicants or illegal drugs while on duty;
- possession of weapons of any kind unless authorized by the Medical Center vice chancellor;
- gambling or being present where gambling is in process or being in possession of gambling devices or equipment on Medical Center premises;
- being engaged in inappropriate or indecent conduct on the Medical Center premises;
- sexual harassment or harassment based on another protected basis;
- fighting, creating a disturbance or engaging in other acts constituting disorderly conduct;
- taking property of any person or of the Medical Center without authorization;
- refusal of a request by security to open all packages, purses, luggage, briefcases and/or any other form of container in their possession while on or upon leaving the Medical Center premises;
- failure to cooperate in an investigation or give false information in an official investigation;
- carelessness, negligence or unauthorized use of property belonging to the Medical Center or fellow workers resulting in the damage or destruction of the property;

- violating Medical Center parking rules and regulations;
- failure to abide by the Medical Center's tobacco free campus policy;
- failure to comply with safety and fire prevention rules;
- soliciting contributions of any kind unless authorized by the UMMC Medical Center vice chancellor;
- soliciting loans from patients, visitors or employees;
- distributing written or printed matter of any kind, posting or delivering notices, signs or writing in any form on the premises without permission of the Division of Public Affairs;
- unauthorized access to computer files;
- violation of Information Systems Security Acknowledgement and Nondisclosure Agreement;
- violation of provisions of Compliance Program; failure to attend mandated compliance training; and
- unauthorized use of long distance and fraudulent calls or use of Medical Center funds for personal long distance calls.

#### **OUTSIDE EMPLOYMENT-FACULTY AND STAFF**

Members of the faculty and staff are permitted to engage in outside employment, provided permission is first obtained from the executive officer or department head of the institution concerned and, provided further, that the executive officer or department head of the institution concerned shall grant permission to engage in outside employment only after having first determined that the said outside employment will interfere in no way with institutional duties of the individual requesting such permission.

In addition, such individuals will not engage in a business or profession that would in any manner compete with a similar business or profession over which he or she would have direct supervision, inspection, or purchasing authority within the university or agency, such being a conflict of interest. (**Board Policy 801.08**)

Medical Center Faculty must annually remit the form Application for Permission to Engage in Outside Employment or Practice of Profession to the vice chancellor of health affairs. This form is also located on the [intranet](#).

#### **NON-CONSULTING OUTSIDE EMPLOYMENT BUSINESS ACTIVITIES-FACULTY AND STAFF**

Faculty and staff may participate in certain private, non-consulting business activities provided such activities do not conflict with their normal duties and responsibilities. By seeking approval, he/she certifies that:

- Involvement in the business in no way constitutes a breach of ethics (*i.e.*, conflict of interest with the mission(s) of the Medical Center);
- Such business activities will not, under any circumstances, interfere with his/her regular, professional duties and responsibilities; and
- Such business activities are of such character as not to damage the image of the Medical Center.

**Consulting Activities.** Characteristics of consulting which distinguish it from other types of outside employment activities are listed below. Consulting is an external professional activity for compensation that:

- Is performed on an individual, contractual basis for any individual, firm or agency other than the University of Mississippi Medical Center;
- Is based on the professional knowledge, experience and abilities of a faculty or staff member;
- Is undertaken for personal compensation beyond the reimbursement of expenses; and,
- Clearly contributes new knowledge, understanding, techniques or contacts for faculty, staff and the Medical Center.

Faculty and staff may engage in outside business activities after obtaining appropriate administrative approval. An application for Permission to Engage in Outside Employment or Practice of Profession is available on the institutional [intranet](#). It must be completed and approved by departmental administration and the chief human resources officer. Such activities must not preempt, and must be scheduled around, the individual's normal duties and responsibilities.